

**DIAGNOSIS & REMEDIATION OF READING COURSE VERIFICATION FORM FOR THE  
MICHIGAN PROFESSIONAL EDUCATION CERTIFICATE  
(for out-of-state course ONLY)**

Michigan Public Act 32 of 2007 amended MCL 380.1531 of the Revised School Code. Effective **July, 1 2009**, a course of at least 3 semester credit hours in the diagnosis and remediation of reading disabilities and differentiated instruction, which includes a field experience\*, is required to progress from the Provisional Teaching Certificate to the Professional Education Certificate. For applicants who complete the reading course **out-of-state at a state approved teacher preparation institution**, this verification must be with the application "Cover Letter" which is generated upon submission of an application for the Professional Education Certificate. An official transcript listing the course will also be required. The Michigan Department of Education (MDE) reserves the right to request course syllabi.

\* MDE allows a "field experience" to be fulfilled within the teacher's current teaching placement. If possible, a teacher should be placed in a classroom where instruction occurs and diagnosis and remediation of reading methodology can be implemented.

For more information on the new reading course requirement, see MCL 380.1531(4) at:  
<http://legislature.mi.gov/doc.aspx?mcl-380-1531>

**Educator Information:**      Date of Birth: \_\_\_\_\_      MOECS Application# \_\_\_\_\_

\_\_\_\_\_  
(first name)

\_\_\_\_\_  
(middle and/or maiden name)

\_\_\_\_\_  
(last name)

**VERIFICATION OF READING REQUIREMENT**

**The following section must be completed by the Dean of the College of Education, Registrar or Certification Officer at the out-of-state college/university where the course was completed.**

University/College: \_\_\_\_\_

University/College's Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This is to certify that educator listed above has satisfactorily (C or better) completed 3 semester credits in the diagnosis and remediation of reading disabilities and differentiated instruction, including a field experience.

Course Title: \_\_\_\_\_ Credits Earned: \_\_\_\_\_

Date Completed: \_\_\_\_\_

\_\_\_\_\_  
Dean of the College of Education, Registrar or Certification Officer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title (please type or print)

\_\_\_\_\_  
Area Code/Telephone Number

\_\_\_\_\_  
(Rev.2015-5-15)